



Public Safety
 Technical Inspection Services
 PO Box 6000
 Fredericton, NB E3B 5H1
 Phone: (506) 453-2336
 Fax: (506) 457-7394

06/16

APPLICATION FOR COMPRESSED GAS LICENCE

Name						
Mailing Address		Street Number	Street Name	Municipality	Province	Postal Code
Telephone	Home	Work	Fax		Email	
Date of Birth	Year	Month	Day			

Preferred Location Of Examination	<input type="checkbox"/> Bathurst	<input type="checkbox"/> Campbellton	<input type="checkbox"/> Edmundston	<input type="checkbox"/> Moncton	Language Preferred	<input type="checkbox"/> English
	<input type="checkbox"/> Miramichi	<input type="checkbox"/> Saint John	<input type="checkbox"/> Fredericton			<input type="checkbox"/> French

LICENCE REQUESTED (Please Check One)		
<input type="checkbox"/> G1 Gas Technician	<input type="checkbox"/> PPO-1 Propane Plant Operator	<input type="checkbox"/> ICE-NG Natural Gas Internal Combustion Technician
<input type="checkbox"/> G1-L Gas Technician with Liquid Propane Endorsement	<input type="checkbox"/> PPO-2 Propane Plant Operator (PPO-2 Candidates MUST Attach a "HANDS ON COMPETENCY" Form)	<input type="checkbox"/> ICE/IV-NG Natural Gas Internal Combustion Industrial Vehicle Technician
<input type="checkbox"/> G2 Gas Technician	<input type="checkbox"/> PTO-1 Propane Truck Operator	<input type="checkbox"/> IMT Industrial Maintenance Gas Technician
<input type="checkbox"/> G2-L Gas Technician with Liquid Propane Endorsement	<input type="checkbox"/> PTO-2 Propane Truck Operator	<input type="checkbox"/> M Gas Fired Heating and Refrigeration Maintenance Licence
<input type="checkbox"/> GP Gas Piping Fitter	<input type="checkbox"/> ICE-P Propane Internal Combustion Technician	<input type="checkbox"/> RVT Recreation Vehicle
<input type="checkbox"/> G Medical Gas Verifier Installer	<input type="checkbox"/> ICE/IV-P Propane Internal Combustion Industrial Vehicle Technician	<input type="checkbox"/> DAT Domestic Appliance Gas Technician
<input type="checkbox"/> F Medical Gas Installer		

APPROVED COURSES SUCCESSFULLY COMPLETED				
Course Name		Instructor		Mark
		Instructor		Mark
		Instructor		Mark
Board Decision	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> Examination Required	Signature
				Date

***** THIS SECTION TO BE COMPLETED BY EMPLOYER *****

I hereby certify that _____ has been employed by _____
 for the period from _____ to _____ Signature _____ Date _____

Previous Work Experience
 Attach additional pages if required

CHECK APPROPRIATE BOXES	
<input type="checkbox"/> Successfully completed training program acceptable to Gas Board	<input type="checkbox"/> Have at least 200 hours combined technical training and field experience under the Class A2, A4, G2-L or G1-L licence holder
<input type="checkbox"/> Have at least 2000 hours combined technical training and field experience under the Class G2 or G21 licence holder	<input type="checkbox"/> Have at least 200 hours combined technical training and field experience under the Class A4 or G1-L licence holder
<input type="checkbox"/> Have at least 2000 hours combined technical training and field experience under a Class G1 licence holder, 500 of which must be on appliances having a heating value greater than 400,000 BTU's	<input type="checkbox"/> Hold a Certification of Qualification in Automotive, Heavy Equipment, Truck and Transport or Automotive (Electrical and Fuel). Service Technician Occupation Certificate Type _____ No. _____
<input type="checkbox"/> Hold a Certificate of Qualification in Plumber or Steamfitter/Pipefitter Occupation Certificate Type _____ No. _____	<input type="checkbox"/> 300 hours experience under the supervision of a valid Class PPO-1 licence holder
<input type="checkbox"/> Hold a Certificate of Qualification in Refrigeration and Air Conditioning Mechanic Occupation Certificate No.	<input type="checkbox"/> 150 hours experience under the supervision of a valid PTO-1 Propane Truck Operator Licence
<input type="checkbox"/> 8 hours experience under the supervision of a valid Class PPO-2 licence holder	<input type="checkbox"/> Hold appropriate class of licence under <i>Motor Vehicle Act</i> . Licence Type _____ No. _____
<input type="checkbox"/> 150 hours experience under the supervision of a valid PTO-2 Propane Truck Operator Licence	<input type="checkbox"/> Holder of Certificate of Qualification in appliance service technician occupation.
<input type="checkbox"/> 480 hours experience under a Recreational Vehicle or Class A1 Domestic Compressed Gas Licence holder	<input type="checkbox"/> Holder of a Medical Gas Installer's Licence (F) No. of years _____
<input type="checkbox"/> Hold a Certificate of Qualification in a related occupation acceptable to the Gas Board Certificate Type _____ No. _____	<input type="checkbox"/> Passed brazers performance qualification test Symbol _____
<input type="checkbox"/> Successfully completed Pre-Employment Training Program NBCC	<input type="checkbox"/> Service Medical Gas Piping Systems

Applicant's Signature	Date
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Payment Instructions	Method of Payment
Method of Payment: (PLU # 784020)	<input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
* Cheque or money order made payable to the "Minister of Finance"	Card # _____
* Credit Card (Visa or MasterCard only)	Month _____ Year _____
Fee: \$50.00	Expiry Date _____ Signature _____